

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 173

No. 300
10-48

FILED AUG 3 1953

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 305-8

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Ann	
c. LENGTH OF STAY (in this place) 7 Days		d. STREET ADDRESS (If rural, give location) 3565 St. Genevieve	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Arthur	c. (Last) Stuckey	4. DATE OF DEATH (Month) (Day) (Year) July 29, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 8, 1895	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR 11 Months 21 Days	IF UNDER 24 HRS. 1 Hour 21 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Grinder	10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric	11. BIRTHPLACE (City and State or Foreign Country) St. Peters Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Stuckey	13b. MOTHER'S MAIDEN NAME Mathilda Neusteder	14. NAME OF HUSBAND OR WIFE Ursula Halter Stuckey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494 03 1936	17. INFORMANT'S SIGNATURE OR NAME Ursula Stuckey	ADDRESS 3565 St. Genevieve
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarct (posterior)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. infarct, lower both kidneys from embolic		3 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 22, 1953**, to **July 29, 1953**, that I last saw the deceased alive on **July 29, 1953**, and that death occurred at **7:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George E. Kister (Degree or title) M.D.	23b. ADDRESS St. Charles Mo.	23c. DATE SIGNED 7-29-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/1/1953	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetary	24d. LOCATION (City, town, or county) (State) St. Paul Mo.
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DATE REC'D BY LOCAL REG. July 29/53	REGISTRAR'S SIGNATURE Francis	25. FUNERAL DIRECTOR'S SIGNATURE 10123 St. Charles, Mo.	ADDRESS Funeral Home
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(Licensed Embalmer's Statement on Reverse Side)

Overland 1446

NOV 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.